# IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant:

Robert A. Nascenzi et al

Title:

HOUSEHOLD LEVEL

SEGMENTATION METHOD AND

**SYSTEM** 

Appl. No.:

**TBA** 

Filing Date:

TBA

Examiner:

**TBA** 

Art Unit:

**TBA** 



# **UTILITY PATENT APPLICATION** TRANSMITTAL

Commissioner for Patents **Box PATENT APPLICATION** Washington, D.C. 20231

Sir:

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THE WAY

Transmitted herewith for filing under 37 C.F.R. § 1.53(b) is the nonprovisional utility patent application of:

David Miller

Kenneth Inman

Applicant claims small entity status under 37 CFR 1.27.

### Enclosed are:

- Specification, Claim(s), and Abstract (19 pages). [ X ]
- Formal drawings (6 sheets, Figures 1-6). [ X ]
- [X] Unexecuted Declaration and Power of Attorney (4 pages).
- [] Assignment of the invention to CLARITAS, INC..
- Assignment Recordation Cover Sheet.

- [ ] Small Entity statement.
- [ ] Request for application not to be published with certification under 35 USC 122(b)(2)(B)(i).
- [ ] Information Disclosure Statement.
- [ ] Form PTO-1449 with copies of listed reference(s).
- [X] Application Data Sheet (37 CFR 1.76).

## The filing fee is calculated below:

	Claims	I	ncluded in		Extra				Fee
	as Filed		Basic Fee		Claims		Rate		Totals
Basic Fee							\$710.00		\$710.00
Total Claims:	13		20	=	0	x	\$18.00	=	\$0.00
Independents:	3	- ]	3	=	0	X	\$80.00	=	\$0.00
If any Multiple Dependent Claim(s) present: + \$270.00								=	\$0.00
Surcharge under 37 CFR 1.16(e) for late filing of Executed + \$130.00 Declaration								=	\$130.00
							SUBTOTAL:	=	\$840.00
[ X ] Small Entity Fees Apply (subtract ½ of above): TOTAL FILING FEE:								=	\$420.00
								=	\$420.00

- [X] A check in the amount of \$420.00 to cover the filing fee is enclosed.
- [ ] The required filing fees are not enclosed but will be submitted in response to the Notice to File Missing Parts of Application.
- [ X ] The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 50-0872. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 50-0872.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date 6-1-2001

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